

P13000043240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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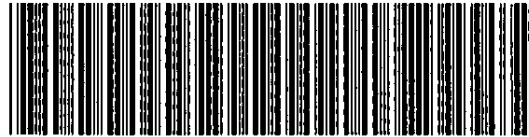
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 MAY 13 PM 4:06  
STATE OF NEW  
JERSEY

68000 MAY 15 2013

*Push*

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: TRINITY MARTIAL ARTS INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Jason Smith

Name (Printed or typed)

1747 Cane Mill Road

Address

Chipley, FL. 32428

City, State & Zip

(850) 326-1815

Daytime Telephone number

tmachipley@gmail.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** TRINITY MARTIAL ARTS INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1370 N. RAILROAD AVE.  
CHIPLEY, FL 32428

Mailing address, if different is:  
1370 N. RAILROAD AVE.  
CHIPLEY, FL 32428

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

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STATE OF FLORIDA  
TALLAHASSEE

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JASON SMITH  
Address: 1747 CANE MILL ROAD  
CHIPLEY, FL 32428

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: RUBY SMITH  
Address: 1747 CANE MILL ROAD  
CHIPLEY, FL 32428

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JASON SMITH  
Address: 1747 CANE MILL ROAD  
CHIPLEY, FL 32428

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JASON SMITH  
Address: 1747 CANE MILL ROAD  
CHIPLEY, FL 32428

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Jason Smith  
Required Signature/Registered Agent

5/2/13  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jason Smith  
Required Signature/Incorporator

5/2/13  
Date